

LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7323 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq EMAIL ADDRESS: liq-licensing@honolulu.gov

**SUBMISSION OF
MANAGEMENT OR OPERATING AGREEMENT**

Rule §3-82-41.4

Notify the Liquor Commission in writing, of any changes that occur to your Management or Operating Agreement.

Date: _____

Liquor License #: _____

Licensee Name: _____ DBA: _____

Licensee Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Name of Manager, Operator or Entity: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Required supporting documents:

☐ Attach Management or Operating Agreement

Rule §3-82-41.4(b)

- (1) The agreement is restricted to permitting the operator to manage and operate the licensed premises on behalf of the licensee, and the licensee shall remain in possession and control of the licensed premises.
- (2) Except in the case of a management or operating agreement pertaining to a hotel or condominium hotel license, the agreement shall be for the entire licensed premises.
- (3) To the best of the licensee's knowledge, information, and belief, any proposed person or any principal of the management or operating entity is a fit and proper person to hold a liquor license in the individual's or principal's own right in conformance with Section 281-45, Hawaii Revised Statutes.

☐ Attach documentation required by Rule §3-83-53.1(a)(1)(i)-(iv) as applicable for the Manager, Operator, or Entity.

If Liquor License will be transferred to new ownership, provide expected date of transfer of the license to the new Manager, Operator or Entity: _____

Expected Date of Transfer

(Except in the case of a management or operating agreement pertaining to a Hotel or Condominium Hotel license)

By signing below, I hereby agree and certify all statements above to be true and correct:

SIGNATURE Licensee (Owner) Name

Date

PRINT Licensee (Owner) Name

Title

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OFFICE USE:

☐ Approved ☐ Denied

LCIS ENTRY DATE: _____ HLC STAFF INITIAL: _____

Franklin "Don" Pacarro, Jr.
Administrator

Date